
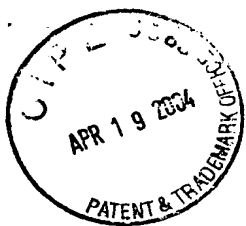




**CERTIFICATE OF MAILING UNDER 37 CFR 1.8(a)**

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450, on this 25th day of August, 2003.

  
\_\_\_\_\_  
Julie Turner



#15

Patent  
Attorney's Docket No. 016499-546

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of ) RCE  
Karl S. BEERS et al. ) Group Art Unit: 3644  
Application No.: 09/107,141 ) Examiner: J. Eldred  
Filed: June 30, 1998 )  
For: MULTIPLE ASM OBIGGS WITH )  
DIFFERENT PERMEABILITY AND )  
SELECTIVITY MEMBRANES )

RECEIVED  
APR 22 2004  
OFFICE OF PETITIONS

AMENDMENT/REPLY TRANSMITTAL LETTER

Assistant Commissioner for Patents  
Washington, DC 20231

Sir:

Enclosed is a reply for the above-identified patent application.

- ☐ A Petition for Extension of Time is also enclosed.
- ☐ A Terminal Disclaimer and a check for ☐ \$55.00 (248) ☐ \$110.00 (148) to cover the requisite Government fee are also enclosed.
- ☐ Also enclosed is \_\_\_\_\_
- ☐ Small entity status is hereby claimed.
- ☒ Applicant(s) request continued examination under 37 C.F.R. § 1.114 and enclose the ☐ \$370.00 (279) ☒ \$740.00 (179) fee due under 37 C.F.R. § 1.17(e).
- ☒ Applicant(s) previously submitted an Amendment Pursuant to 37 C.F.R. § 1.116, on November 27, 2001, for which continued examination is requested.
- ☐ Applicant(s) request suspension of action by the Office until at least \_\_, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.
- ☐ A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (146/246) is also enclosed.
- ☒ No additional claim fee is required.

☐ An additional claim fee is required, and is calculated as shown below:

AMENDED CLAIMS					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE
Total Claims	31	MINUS 31 =	0	× \$18.00 (103) =	-0-
Independent Claims	4	MINUS 4 =	0	× \$84.00 (102) =	-0-
If Amendment adds multiple dependent claims, add \$280.00 (104)					
Total Amendment Fee					-0-
If small entity status is claimed, subtract 50% of Total Amendment Fee					
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT					-0-

☐ A claim fee in the amount of \$\_\_\_\_\_ is enclosed.

☐ Charge \$\_\_\_\_\_ to Deposit Account No. 02-4800.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

By:



Nhat D. Phan

Registration No. 39,581

P.O. Box 1404  
Alexandria, VA 22313-1404  
703/836-6620

Date: December 31, 2001